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**Facsimile**

To	Company	Fax Number	Phone Number
1. Examiner Ella Colbert	U.S.P.T.O.	571-273-8300	571-272-6741

Date (11/10/2005)	Client/Matter Number U.S. Patent Appln. No. 10/073,632; our ref. 333307.01002
From Richard P. Bauer	Attorney Number 33549
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**Total number of pages, including cover letter: 92**  
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A limited liability partnership including professional corporations

NOV 10 2005

In re Application of:

Docket No. 333307.00002

BRIAN C. TARBOX, ET AL.

Application No.: 10/073,632

Examiner: Ella Colbert

Filed: February 11, 2002

Group Art Unit: 3624

For: SYSTEMS AND METHODS FOR  
IMPROVING INVESTMENT PERFORMANCE

Date: November 10, 2005

THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Supplemental Amendment and Second Information Disclosure Statement in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

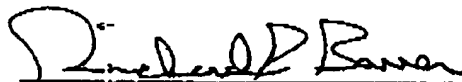
CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 22	MINUS	** 22	= 0	x \$25 \$50	\$000.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$100 \$200	\$000.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT-						\$000.00

☐ \*Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$\_\_\_\_\_ is enclosed.☐ Charge \$\_\_\_\_ to Deposit Account No. 50-1710 for the additional claim fee. A duplicate copy of this sheet is attached.Page 1 of 2  
Doc. # 333307.00002 41804962 v.1:7/1/2005/Time 14 1411/14/2005 HESTM-00000003-501710 10073632  
Sale Ref: 00000003 DN# 501710 10073632  
01 FC:1806 180-00 DN

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- ☐ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☐ Charge \_\_\_ to Deposit Account No. 50-1710 to cover the fee for a \_\_\_ month extension of time fee. A duplicate copy of this paper is attached.
- ☒ Charge \$180.00 to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



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